

ELEVENTH MEETING

Friday, 22 January 2010, at 14:35

Chairman: Dr S. ZARAMBA (Uganda)

TECHNICAL AND HEALTH MATTERS: Item 4 of the Agenda (continued)

Availability, safety and quality of blood products: Item 4.16 of the Agenda (Document EB126/19) (continued)

Dr MUÑOZ (Chile) welcomed the revised draft resolution, in particular the reference in paragraph 2(2) on the need to advise countries on management of blood supply systems. To ensure greater clarity, he proposed insertion of the phrase “by sharing best practices about the best organizational structures for blood supply systems in order to increase efficiency and minimize error” at the end of paragraph 2(2).

Professor HAQUE (Bangladesh) was encouraged by the reference in the draft resolution to autologous blood transfusion, and encouraged the Director-General to continue promoting that as a transfusion alternative, particularly for elective surgeries.

Ms TOELUPE (Samoa) said that in her country the Samoa Red Cross Society and the national laboratory played a leading part in mobilizing donors and securing the blood supply, especially significant following recent natural disasters. Given the increased prevalence of blood-borne diseases such as dengue, more research into strategies for prevention and control was required. Like other small island States, Samoa required technical assistance in areas relating to the entire blood chain, and in particular the testing of systems for processing blood donations and plasma; strengthening of regulatory and quality assurance systems; and blood safety programmes and information systems. She supported the draft resolution, as amended.

Ms ARRINGTON AVIÑA (Mexico),¹ supporting the statement made by the member for Hungary, underlined several difficulties: internationally, blood donation was not a priority; management of blood programmes was weak; and in many cases funding to strengthen the availability, safety and quality of blood products was not sustainable. With regard to paragraph 1(2) of the draft resolution, Mexico had been working to raise awareness of blood donation, safety and availability, and domestic legislation was being prepared with a view to using surplus plasma to obtain blood products through industrial fractionation.

Mr MUNK (International Society of Blood Transfusion), speaking at the invitation of the CHAIRMAN, said that the draft resolution echoed the Society’s view that a safe and effective supply of blood should be based on voluntary and nonremunerated donation and implemented through efficient national services. He emphasized the application of good manufacturing practice; regulations to blood collection and the production of blood products; and international collaboration to guarantee sufficient plasma worldwide for fractionation. The Society would contribute to the implementation of the resolution, once adopted, through training programmes in the area of blood transfusion. Safe blood and plasma, and their derivatives, could be obtained only from committed, safe and healthy blood

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

donors within a safe environment for public health. The resolution therefore had a wider impact than just blood safety.

Dr BOULYJENKOV (Thalassaemia International Federation), speaking at the invitation of the CHAIRMAN, said that blood transfusion was the primary course of treatment for patients with thalassaemia; in Europe 500 000 units of blood were needed each year for that purpose. The promotion of safety, quality and adequacy of blood was of the utmost importance and WHO's Blood Transfusion Safety Programme provided valuable information for patients and health professionals.

Dr ETIENNE (Assistant Director-General) recognized that, although advances had been made in many developing countries, blood quality and safety was not optimal, availability of plasma-derived products was limited, and capacity for the production of plasma-derived medicinal products was low. In many cases, plasma did not meet quality standards; 6% of donated blood was wasted globally, a figure that increased to 13% in some areas. WHO's comprehensive blood safety programme, developed in collaboration with stakeholders, provided norms and standards, and assisted in national policy development, programme planning and implementation and capacity building. The Secretariat had enhanced the support it provided to States, for example through comprehensive guidelines for blood donation, collection, screening and use, and the development of guidelines for haemovigilance and blood product manufacturing; the latter would be considered by the Expert Committee on Biological Standardization in October 2010. The Secretariat was committed to the continued strengthening of all aspects of the blood transfusion chain, including the transfer of technology.

Dr YOUNES (Office of Governing Bodies), referring to the proposed amendments, said that the beginning of the second preambular paragraph should be amended to read "Recognizing that achieving self-sufficiency in the supply of safe blood components"; and the end of the twenty-first preambular paragraph should be amended to read "needs to be covered by relevant, reliable quality systems based on the principles of good manufacturing practices". In paragraph 1(1), the phrase "with the aim of achieving self-sufficiency" should be added after "according to the availability of resources". Paragraph 1(2) should be amended to read "to take all the necessary steps to update their national legislation on donor assessment and deferral, collection, processing, storage, transportation and use of blood products and operation of regulatory authorities to ensure that regulatory control in the area of quality and safety of blood products across the entire transfusion chain meets internationally recognized standards;". The end of paragraph 1(6), following the words "promote patient safety", should be amended to read "and to promote availability of transfusion alternatives including, where appropriate, of autologous transfusion and patient blood management". The words "by sharing best practices about the best organizational structures for blood supply systems in order to increase efficiency and minimize error" should be added at the end of paragraph 2(2). Paragraph 2(7) should be amended to read "to provide guidance, training and support to Member States on safe and rational use of blood products to support the introduction of transfusion alternatives including, where appropriate, autologous transfusion and safe transfusion practices and patient blood management".

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland) said that, given the problem in his country of variant Creutzfeldt-Jakob disease, many blood products had to be imported. Although that situation might change in the future, the insertion of references to self-sufficiency in the second preambular paragraph, as suggested by the member for Japan, would be problematic for the moment. He requested a suspension of the meeting so that an alternative text could be sought.

Dr KÖKÉNY (Hungary) requested that a clean English version of the draft resolution be produced before the Board was asked to endorse it.

Dr GIMÉNEZ (Paraguay) asked the Secretariat to ensure that the preambular paragraph referring to population mobility be deleted.

Dr MUÑOZ (Chile), concurring with the member for the United Kingdom, said that the reference to self-sufficiency was problematic.

Ms ROCHE (New Zealand) suggested amending the phrase to read “to aim for sufficiency”.

Dr TAKEI (adviser to Dr Omi, Japan) asked for more time to consider the amendment.

Sir Liam DONALDSON (United Kingdom of Great Britain and Northern Ireland) suggested adding the phrase “unless special circumstances preclude it” after the reference to self-sufficiency.

Dr TAKEI (adviser to Dr Omi, Japan) agreed with that proposal.

The DIRECTOR-GENERAL said that a revised draft resolution would be produced.

(For adoption of the resolution, see summary record of the twelfth meeting, section 1.)

Strategies to reduce the harmful use of alcohol: Item 4.10 of the Agenda (Documents EB126/13 and EB126/13 Add.1)

Ms BILLINGS (alternate to Dr Dodds, Canada), introducing the revised global strategy to reduce the harmful use of alcohol, acknowledged the Secretariat’s valuable consultations over the past year and reported that informal discussions held during the Board’s session so far had made good progress towards consensus. As a result, she proposed the following amendments to the draft resolution contained in document EB126/13. A new operative paragraph should be added after paragraph 1 to read: “2. AFFIRMS that the global strategy aims to give guidance for action at all levels; to set priority areas for global action; and that it is a portfolio of policy options and measures that could be considered for implementation and adjusted as appropriate at the national level, taking into account national circumstances, such as religious and cultural contexts, national public health priorities, as well as resources, capacities and capabilities;”. Paragraphs 3(2) and 3(3) should be combined to read: “to collaborate with and provide support to Member States as appropriate, in implementing the global strategy to reduce the harmful use of alcohol and strengthening national responses to public health problems caused by the harmful use of alcohol”.

Dr KÖKÉNY (Hungary), speaking on behalf of the Member States of the European Union, said that the candidate countries Croatia, Turkey and The former Yugoslav Republic of Macedonia, the countries of the Stabilisation and Association Process and potential candidates Albania, Bosnia and Herzegovina, Montenegro, Serbia, as well as Ukraine, the Republic of Moldova, Armenia and Georgia aligned themselves with his statement. He supported the statement by the member for Canada.

Given that harmful use of alcohol was the third leading risk factor worldwide for premature deaths and disabilities, the European Union supported the draft global strategy’s aims, objectives, guiding principles and policy options. The draft strategy provided the flexibility for countries to determine national actions on the basis of their own situations, guided by public health considerations.

The presentation of strong evidence alongside policy options made an explicit link between evidence and proposed actions. Entities in the alcohol beverage chain should be encouraged to enforce regulatory measures in order to ensure the responsible production, distribution and marketing of their products.

He welcomed the focus placed on the impact of harmful use of alcohol on social equity, and the inclusion of those broader effects, such as violence against women and children. The policy options presented largely corresponded to the priorities and practices identified in the strategy to reduce alcohol-related harm adopted by the European Union. In its Conclusions on Alcohol and Health, adopted in December 2009, the Council of the European Union underlined the need to protect adolescents and children, and to consider reduction of the risk factors in terms of national contexts.

Policies and actions to reduce the harmful use of alcohol must be considered from a wide public health, social and economic perspective: they were important in combating noncommunicable diseases, injuries and even infectious diseases and must also tackle the broader social determinants of health, including access to education and employment. A global strategy offered concrete guidance for national development of a strategic mix of complementary actions that would increase the legitimacy of sound public health policies on alcohol at all levels. Monitoring, follow-up and comparative studies were also vital to measuring progress. The Secretariat's support for implementation of the strategy was crucial, particularly in the case of low- and middle-income countries where harmful use of alcohol could hamper social development.

He noted that a previously agreed footnote had been omitted from paragraph 2 of the draft resolution, which should read "And regional economic integration organizations, where applicable".

Dr BIRINTANYA (Burundi), speaking on behalf of the Member States of the African Region, said that in the Region such phenomena as noncommunicable diseases, traffic accidents and congenital disease were linked to alcohol abuse. Adulterated alcohol posed another public health risk. Advertising, some of it specifically targeted at young people, encouraged excessive alcohol consumption; and the disruption of personal finances could also result. However, the production and sale of alcohol could generate substantial income for both countries and individuals.

The Regional Committee for Africa had adopted in 2008 measures to reduce the harmful effects of alcohol: the strengthening of political commitment; partnership and community action; the introduction of alcohol information and monitoring systems; drink-driving legislation; and higher alcohol taxation.¹ In March 2009, the Regional Office had convened a technical regional consultation on strategies and interventions aimed at reducing the harmful use of alcohol.

A strengthening of measures was needed to ensure effective regional implementation of actions adopted at the international level, including public awareness-raising and regulations geared to the local context; vulnerable groups, including young people, pregnant women and drivers, must be clearly identified. Any encouragement of the harmful use of alcohol deserved condemnation; and actions to the contrary should be commended. He supported the draft strategy and the proposed amendments.

Mr TSESHKOVSKIY (adviser to Dr Starodubov, Russian Federation) said that an integrated approach was vital to tackling the acute problem of harmful use of alcohol. In her country, active measures had been put in place in the 1980s for combating alcohol abuse, with stringent penalties attached. Regrettably those measures had not been maintained, despite their success. The draft strategy was a vital tool supported by the Russian Federation, which was again seeking to implement policies to discourage the consumption of alcohol and its detrimental effects to society through measures such as pricing increases, and by punishing excesses.

Dr MUÑOZ (Chile) said that the draft strategy was an extremely important step in the fight against mental illness, liver cirrhosis, violence and other traumas associated with the excessive consumption of alcohol. In Chile, a recent survey had shown significantly increased prevalence in cases of alcohol-related death and disability, particularly among young people. The recommendations of the draft strategy concerning the marketing of alcohol, while inevitably giving rise to controversy, were necessary as access to alcohol was related to price. It would be difficult, however, for the countries producing alcohol to increase domestic prices, which were set on the basis of commercial agreements; the upshot of that was that paradoxically prices of those beverages were cheaper in countries that imported them. One solution would be to fix a minimum price for alcoholic drinks to ensure that they were not cheaper than soft drinks. Chile intended to develop a national strategy to control the harmful use of alcohol by applying those of the policy options and interventions set forth in

¹ Documents AFR/RC58/3 and AFR/RC58/20 (Final report).

the draft strategy that were relevant to its circumstances. He encouraged submission of the draft strategy to the Health Assembly.

Dr AL HAJ HUSSEIN (alternate to Dr Said, Syrian Arab Republic), speaking on behalf of the Member States of the Eastern Mediterranean Region, observed that the ill effects of the harmful use of alcohol had implications for families, friends and society as a whole. Alcohol abuse was linked to a variety of health problems, including mental disorder, communicable and noncommunicable diseases, cancer and cardiovascular disease. It also led to such social problems as drink-driving, violence and low productivity in the workplace. A global public health response was vital to reducing all such ill effects.

In the Middle East, the percentage of teetotallers among both men and women was extremely high in a comparative global context. However, the production of illegal alcohol, for marginalized and vulnerable groups in particular, was a problem in some countries of the Region. All States in the Region shared a religious, cultural and social heritage that promoted abstinence, which accounted for the low alcohol consumption. That culture could also deny the existence of alcohol-related problems which were thus afforded little attention and health systems in turn were ill-equipped to cope.

After recalling the resolution on public health problems of alcohol consumption in the Eastern Mediterranean Region, adopted at the fifty-third session of the Regional Committee for the Eastern Mediterranean,¹ he commended the Secretariat's wide consultations and evidence-based methodology in preparing the draft strategy. A "one-size-fits-all" strategy was not feasible in view of differences in national, religious and cultural contexts, public health priorities, available resources, constitutional principles and international legal obligations. As it stood, however, the draft strategy would prepare the way for coordinated measures that would sustain combat against the health risks of the harmful use of alcohol. It offered an array of policy options that member states could adapt to their own circumstances. Any measures adopted, however, should err towards the stringent rather than the lenient. Marketing and pricing policies merited careful consideration, particularly in his Region, where they were not widely applied. The draft strategy would promote adoption of measures in the Region in the other areas covered under the proposed policy options and interventions; and it would bring support to all related international efforts.

Dr ABABII (Republic of Moldova) said that his country had adopted national programmes to encourage healthy living, including a reduction in alcohol consumption. All alcohol advertising, as well as the use of alcohol by persons under the age of 18 years, was prohibited; and taxes were being raised on spirits and low-alcohol beverages. Coordinated action and partnerships promoted information about the consequences of the harmful use of alcohol, an approach that should be followed at the international level. The draft strategy should include a reference to the need for a special tax on alcohol. Systems of law enforcement should also be established with a view to covering some of the costs resulting from the harmful use of alcohol.

Dr KABULUZI (Malawi) welcome the draft strategy, which would help to contain the harmful use of alcohol by guiding measures to establish regulations, raise public awareness, and document the consequences of harmful use.

Ms TOELUPE (Samoa) said that the draft strategy was a reminder that many health concerns were best addressed outside the traditional health sector. A global strategy would strengthen synergies with the Western Pacific Regional Strategy to Reduce Alcohol-related Harm² and produce positive outcomes at national and local levels. Samoa would require technical assistance with the economic aspects of an alcohol policy, notably in connection with trade issues being considered by WTO.

¹ Resolution EM/RC53/R.5.

² Adopted by the Regional Committee for the Western Pacific in resolution WPR/RC57.R5.

Mr REYES RODRIGUEZ (Cuba)¹ said that the manifestations of the harmful use of alcohol and related policies differed according to the health situation in each country. The implementation of inclusive education policies on responsible alcohol consumption together with relevant national policies should be emphasized. The voluntary and flexible nature of the draft strategy enabled countries to choose from the various policy options included therein.

Having participated in all stages of the development of the draft strategy, Cuba had joined with Sweden to facilitate the negotiations of a consensus version that could be recommended for submission to the Health Assembly. He expressed gratitude for the flexibility and compromise shown in those negotiations and for the vital support provided by the Director-General.

Dr KESKİNKILIÇ (Turkey)¹ said that actions should not be restricted to simply controlling the harmful use of alcohol as harm prevention efforts were also needed. The role and commitments of the alcoholic beverages sector had to be considered given the difficult conflict of interests existing in many countries. No country could tolerate losing so many young people and members of the workforce through alcohol-related traffic injuries, in addition to the health-related problems caused by the harmful use of alcohol. Timely and concrete steps must be taken to limit harmful use of alcohol, and he expressed the hope that the draft strategy would serve its intended purpose.

Dr REN Minghui (China)¹ supported the draft strategy. China had been actively involved in the consultations. He agreed in principle with the strategy's policy options and interventions, and welcomed the allowances made for different country situations and the provision of technical assistance to low- and middle-income countries. His Government was in favour of stronger measures of law enforcement to reduce drink-driving. It supported the control or prohibition of marketing of alcohol to children and young people; and efforts to halt illicit alcohol production and introduce appropriate pricing policies for alcohol, all of which would help to reduce its harmful use. China had introduced domestic regulations on the marketing and distribution of alcohol.

Mr ADAM (Israel)¹ said that the harmful use of alcohol had a serious effect on public health and on young people in particular. WHO's work was timely for countries such as his own where alcohol use was increasing. The draft strategy would serve as a beacon for ministries, agencies and civil society in Israel. He was satisfied with its concept and with the recommendations, policies and measures that it proposed: it started a process of awareness-raising and action and all countries could learn from and assist one another. Regional and national mechanisms should therefore be established to facilitate coordination among Member States and stakeholders.

Ms ARRINGTON AVIÑA (Mexico)¹ welcomed the agreement reached on the draft strategy, which would lay the groundwork for countries to carry out public policies to reduce the harmful use of alcohol and its adverse effects on health. The strategy's five objectives were useful guidelines for governmental action. She endorsed the request made in the draft resolution for the Director-General to give priority to the issue. It would be important for the Secretariat to provide support to Member States in implementing the strategy and appropriate follow-up. All Member States should, to the best of their ability, carry out the recommendations in the strategy and provide information relevant to other members of the international community.

Mr MARTINEZ (Dominican Republic)¹ strongly supported the draft strategy and commended the technical support of the Secretariat in facilitating the successful outcome to consultations on the draft resolution.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

Mr LEAL MARTINS DA CUNHA (adviser to Dr Buss, Brazil), commending the Secretariat, said that the draft strategy and its range of policy options provided for flexible national responses to the harmful use of alcohol. Mutual understanding among countries was essential for dealing with wider health problems like alcohol that needed the cooperation of Member States, civil society and economic operators in the implementation of the strategy. Brazil had hosted the regional technical consultation in May 2009 in São Paulo; it was committed to furthering the discussion within WHO and to implementing the strategy.

His country had developed intersectoral and multistakeholder programmes in order to reduce the social and health-related effects of harmful use of alcohol. The excellent results of a zero-tolerance policy on drinking and driving constituted an argument for a strong multisectoral approach.

Dr THAKSAPHON THAMARANGSI (Thailand)¹ said that the draft strategy did not adequately address the impact of international trade agreements on alcohol-related harm, particularly visible in low- and middle-income countries. Freer markets brought lower prices, greater availability and powerful marketing practices, none of which was conducive to control of alcohol-related harm. Discussions about international trade might seem unrelated to health issues, but WHO's mandate dictated the need to discuss trade issues with adverse impacts on global health.

Most of the measures recommended in the draft strategy were backed by scientific evidence and independent research. The global community should take note of potential conflicts of interest in the efforts of countries to address alcohol-related problems. The alcohol industry was currently working to convince policy-makers to ignore the scientific evidence about policy interventions and claimed, instead, that the only successful approach was education: that people should simply be warned not to consume alcohol. That was not an effective approach. The global community had already delayed too long in dealing with the harmful use of alcohol because of fears about the possible impact on trade. More concern should be shown about the impact of alcohol on health.

Ms M'VILA (Congo)¹ expressed concern that insufficient attention was paid to the problem of advertising of alcoholic beverages. In particular, the advertising of beer was often connected with sporting events, but playing sports and alcohol consumption were mutually contradictory.

Mr HACKER (CMC–Churches' Action for Health), speaking at the invitation of the CHAIRMAN, said that the draft strategy effectively addressed issues critical to public health efforts to reduce the toll of harmful use of alcohol worldwide. It included strong, evidence-based policies affecting the marketing of alcoholic beverages; and argued the need for resources and prioritization in implementing alcohol-prevention strategies, and for the involvement of civil society to implement preventive strategies. He welcomed the focus on the young, non-drinkers and populations at risk. The health sector must lead in multisectoral collaboration to combat alcohol problems at all levels and the Board should recommend the Health Assembly to adopt the draft strategy.

Ms DELORME (The World Medical Association, Inc.), speaking at the invitation of the CHAIRMAN, welcomed the draft strategy, but considered that some parts could be improved: the role of health professionals in the prevention and treatment of alcohol abuse should have been given more attention, underlining their pivotal role in education, advocacy and research. The strategy recommended essential policy interventions regarding pricing policy, availability, drink-driving and marketing, but the measures proposed often lacked the necessary substance. The role of economic operators in the implementation of the strategy should be clearly limited so that policies and programmes at all levels were developed on the basis of public health interests, independent of commercial influence.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

Dr ALWAN (Assistant Director-General) expressed the Secretariat's gratitude to Member States for their extraordinary efforts in progressively overcoming differences in views and reaching consensus on the draft global strategy for the sake of the common good.

The DIRECTOR-GENERAL endorsed those remarks: Member States had provided excellent support and shown great flexibility in the work on the global strategy.

The CHAIRMAN said that he took it that the Board wished to adopt the draft resolution contained in document EB126/13, as amended by the member for Canada.

The resolution, as amended, was adopted by acclamation.¹

Strategic Approach to International Chemicals Management: Item 4.17 of the Agenda (Document EB126/20)

The CHAIRMAN drew attention to a draft resolution on improvement of health through safe and environmentally sound waste management, proposed by Argentina, Armenia, Austria, Belgium, Brunei Darussalam, Bulgaria, Chile, Colombia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Guatemala, Hungary, Indonesia, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Nigeria, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and United Kingdom of Great Britain and Northern Ireland, and associated financial and administrative implications, which read:

The Executive Board,

Having considered the report on the Strategic Approach to International Chemicals Management;²

Having also considered the letter of President of the Ninth Meeting of the Conference of the Parties to the Basel Convention on the Control of Transboundary Movement of Hazardous Wastes and their Disposal to the Director-General of WHO,

RECOMMENDS to the Sixty-third World Health Assembly the adoption of the following resolution:

The Sixty-third World Health Assembly,

Having considered the report on the Strategic Approach to International Chemicals Management;

Recalling resolution WHA61.19 on climate change and health, and resolutions WHA59.15, WHA50.13, WHA45.32, WHA31.28 and WHA30.47 relating to chemical safety;

Recalling also resolutions of the United Nations General Assembly 44/226 of 22 December 1989 on traffic in and disposal, control and transboundary movements of toxic and dangerous products and wastes and 43/212 of 20 December 1988 on the responsibility of States for the protection of the environment;

Noting the principles set out in Agenda 21, including chapter 20 and chapter 21, as agreed upon at the United Nations Conference on Environment and Development in 1992;

Noting also the Johannesburg Declaration on Sustainable Development and the related Plan of Implementation of the World Summit on Sustainable Development in 2002;

¹ Resolution EB126.R11.

² Document EB126/20.

Acknowledging decision 25/8 on Waste Management adopted by the Governing Council/Global Ministerial Environment Forum of the United Nations Environment Programme at its 25th session;

Alarmed that globally economic activities are generating in increasing volumes wastes containing hazardous chemicals in various forms, threatening human health and livelihood;

Convinced that the lack of environmentally sound management of waste will harm the environment and be detrimental to human health, through polluted air, water and land and food chain;

Concerned that poor management of health-care waste, including sharps, non-sharp materials, blood, body parts, chemicals, pharmaceuticals, and medical devices puts health-care workers, waste handlers and the community at risk of infections, toxic effects and injuries;

Welcoming the Bali Declaration on Waste Management for Human Health and Livelihood adopted at the ninth meeting of the Conference of the Parties to the Basel Convention on the Control of Transboundary Movement of Hazardous Wastes and their Disposal in 2008,

1. URGES Member States to assess the health aspects of environmentally sound waste management and to explore options to work more closely with the United Nations Environment Programme, the Basel Convention on the Control of Transboundary Movement of Hazardous Wastes and their Disposal and the WHO Secretariat towards achieving their shared objectives on the improvement of health through safe and environmentally sound waste management;
2. REQUESTS the Director-General:
 - (1) to support the implementation of the actions set out in the Bali Declaration on Waste Management for Human Health and Livelihood, within WHO's mandate and available resources;
 - (2) to work together with the United Nations Environment Programme and the secretariat of the Basel Convention on the Control of Transboundary Movement of Hazardous Wastes and their Disposal on environmentally sound waste management, including encouraging governments and donor organizations to provide new and additional resources for the implementation of the Bali Declaration on Waste Management for Human Health and Livelihood, with the aim in particular of:
 - (a) promoting awareness-raising of the link between waste management, health and livelihood, and the environment;
 - (b) strengthening subregional and regional cooperation on waste and health issues by promoting national, regional and international human and appropriate technical capacities;
 - (c) improving controls on waste shipment and border procedures in order to prevent illegal movements of hazardous and other wastes, through means that include capacity-building, technology transfer and technical assistance;
 - (d) improving cooperation between national authorities in the waste, chemicals and health sectors and, in collaboration with other relevant authorities and stakeholders, in the development and implementation of effective and sound waste management systems;
 - (e) increasing capacity building, promoting and, where possible, enhancing public and private investment for the transfer and use of appropriate technology for the safe and environmentally sound waste management;

- (3) to continue supporting the prevention of health risks associated with exposure to health-care waste and promoting environmentally sound management of health-care waste in order to support the work of the Basel Convention on the Control of Transboundary Movement of Hazardous Wastes and their Disposal and the Stockholm Convention on Persistent Organic Pollutants;
- (4) to invite governments, relevant intergovernmental organizations, members of the industry and business sector to provide resources and technical assistance to developing countries in developing and implementing instruments for use in dealing with health aspects of the environmentally sound waste management;
- (5) to report to the Sixty-fourth World Health Assembly, through the Executive Board, on implementation of this resolution.

1. Resolution The improvement of health through safe and environmentally sound waste management	
2. Linkage to programme budget	
Strategic objective:	Organization-wide expected result:
8. To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health.	8.2 Technical support and guidance provided to Member States for the implementation of primary prevention interventions that reduce environmental hazards to health, enhance safety and promote public health, including in specific settings (e.g. workplaces, homes or urban settings) and among vulnerable population groups (e.g. children).
(Briefly indicate the linkage with expected results, indicators, targets, baseline)	
The resolution is consistent with the expected result and implementation would facilitate achievement of the target for 2011 of 12 Member States implementing primary prevention interventions in order to reduce environmental risks to health, with WHO technical support, in at least one of the following settings: workplaces, homes or urban settings. The baseline figure for 2010 (8) will remain the same.	
3. Budgetary implications	
(a) Total estimated cost for implementation over the life-cycle of the Secretariat's activities requested in the resolution (estimated to the nearest US\$ 10 000, including staff and activities)	
No additional costs will be incurred regarding activities. The resolution requests the Secretariat to support the implementation of the actions set out in the Bali Declaration, within the Organization's mandate and available resources. The workplan for the biennium 2010–2011 already includes activities aimed at responding to the problem of hazardous waste, in particular health care waste, in conjunction with other relevant bodies including UNEP and the Basel Convention secretariat.	
(b) Estimated cost for the biennium 2010–2011 (estimated to the nearest US\$ 10 000 including staff and activities, and indicating at which levels of the Organization the costs will be incurred, identifying specific regions where relevant)	
No additional costs are envisaged specifically under the resolution.	
(c) Is the estimated cost noted in (b), included within the existing approved Programme budget for the biennium 2010–2011?	
Not applicable.	

4. Financial implications

How will the estimated cost noted in 3(b) be financed (indicate potential sources of funds)?

Not applicable.

5. Administrative implications

(a) Implementation locales (indicate the levels of the Organization at which the work will be undertaken, identifying specific regions where relevant)

Primary prevention activities will mainly be conducted at country level; multicountry projects will be undertaken through headquarters and the regional offices; and liaison with UNEP and the Basel Convention will mainly be managed through headquarters and the regional offices.

(b) Can the resolution be implemented by existing staff? If not, please specify in (c) below

Yes.

(c) Additional staffing requirements (indicate additional required staff – full-time equivalents – by levels of the Organization, identifying specific regions where relevant and noting necessary skills profile)

Not applicable.

(d) Time frames (indicate broad time frames for implementation of activities)

There will be a continuing need to tackle the problem of health-care and other hazardous waste to ensure that waste generation is minimized on a lasting basis. Therefore, the initial time frame under this resolution will follow the Medium-term strategic plan until 2013. Thereafter, it will be reviewed as necessary.

He also drew attention to a second draft resolution on improvement of health through sound management of obsolete pesticides and other obsolete chemicals, proposed by Hungary on behalf of the Member States of the European Union and cosponsored by Indonesia, Mauritius, Republic of Moldova and Switzerland, and associated financial and administrative implications, which read:

The Executive Board,

RECOMMENDS to the Sixty-third World Health Assembly the adoption of the following resolution:

The Sixty-third World Health Assembly,

Having considered the report on the Strategic Approach to International Chemicals Management;

Recalling resolution WHA59.15 on the Strategic Approach to International Chemicals Management;

Recognizing the need for a greater involvement of health sector, Member States¹ and the WHO Secretariat in the implementation of the Global Plan of Action of the Strategic Approach to International Chemicals Management² because of the adverse effects some chemicals may have on human health, and noting that some of the global priorities for cooperative action identified within the Strategic Approach to International Chemicals Management also have to be dealt with by the health sector;

¹ And, where applicable, regional economic integration organizations.

² Document WHA59/2006/REC/1, Annex 1.

Recognizing that pesticides are designed to kill or control harmful organisms and pests, and may have adverse acute and chronic effects, and that, although they are regulated in most countries, they may affect populations' health and the environment, particularly when improperly used and stored, including when they are obsolete;¹

Recalling WHO's Constitution, the Bali declaration on waste management for human health and livelihood (2008), the United Nations Conference on Environment and Development (Rio de Janeiro, Brazil, 1992), the World Summit on Sustainable Development (Johannesburg, South Africa, 2002), the adoption of the Strategic Approach to International Chemicals Management by the International Conference on Chemicals Management (Dubai, 2006), the Basel Convention on the Control of the Transboundary Movements of Hazardous Wastes and Their Disposal (1989), the Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade (2004, revised 2008), the Stockholm Convention on Persistent Organic Pollutants (Stockholm, 2004), and the Convention on the Prevention of Marine Pollution by Dumping of Wastes and Other Matter 1972 and 1996 Protocol Thereto (London 1972);

Recognizing that all the above-mentioned conventions and instruments are important global tools for the preservation and protection of human health and the environment that provide measures and guidelines to deal with certain aspects of chemicals life-cycle, and that, in that sense, the closely linked Stockholm Convention on Persistent Organic Pollutants and Basel Convention on the Control of the Transboundary Movements of Hazardous Wastes and Their Disposal² foresee the development of appropriate strategies for identification of persistent organic pollutant wastes, stockpiles of persistent organic pollutants and their management;

Recognizing that hazardous waste and highly toxic pesticides fall under the global priority areas identified for cooperative action within the Strategic Approach to International Chemicals Management, and that the Health Assembly in resolution WHA59.15 on Strategic Approach to International Chemicals Management urged Member States to participate in national, regional and international efforts to implement the Strategic Approach;

Mindful of the new challenges and determinants of health and of the need for additional action in order to preserve and protect human health and the environment;

Recognizing the risks to human health and environment from obsolete pesticides and other obsolete chemicals, particularly through local and global chemical accidents and catastrophes, linked to more frequent floods, fire and other disasters, due to climate change;

Recognizing also the risks to human health and environment from obsolete pesticides and other obsolete chemicals, linked to the creation of stockpiles resulting from their regulation (such as withdrawal from the market without appropriate phase-out period) of which might further lead to spreading of improperly stored chemicals worldwide;

¹ The International HCH and Pesticides Association (IHPA) estimates that total amount of obsolete pesticides is about 260 000–265 000 tonnes in central and eastern Europe and the countries of the former Union of Soviet Socialist Republics. For example, estimated amounts in 25 members of the European Union are 22 000–24 000 tonnes, south-east Europe 36 000–41 000 tonnes, the countries of the former Union of Soviet Socialist Republics 199 000 tonnes, Africa 50 000 tonnes (estimated by FAO in its Africa Stockpiles Programme), South-East Asia 6500 tonnes (FAO, first rough indication), Central and South America 30 000 tonnes (FAO, 2005).

² The fundamental aims of the Basel Convention are the control and reduction of transboundary movement of hazardous and other wastes subject to the Convention, the prevention and minimization of their generation, the environmentally sound management of such wastes and active promotion of the transfer and use of cleaner technologies.

Recalling the fact that the exposure of humans and the environment to obsolete pesticides and other obsolete chemicals may also be due to their long-range transport;

Recognizing the threat of unsafe storage of obsolete pesticides and other obsolete chemicals, which, owing to illegal use, package deterioration, or accidents may cause localized or widespread pollution and represent a potential risk to human health and the environment;

Mindful of the clear evidence that, besides environmental benefits, economic benefits can be expected derived from safe and efficient recovery, reuse, recycling and disposal of obsolete pesticides and other obsolete chemicals;

Acknowledging the progress regarding obsolete pesticides made by African countries through the interagency Africa Stockpiles Programme with the support of the FAO, Global Environment Facility, the World Bank and other partners;

Welcoming the work of the Basel Convention on the Control of the Transboundary Movements of Hazardous Wastes and Their Disposal in developing technical guidelines on the environmentally sound disposal of wastes containing persistent organic pollutants;

Further recognizing that only a comprehensive and long-term strategy of sound management of obsolete pesticides and other obsolete chemicals can be effective,

1. URGES Member States:

- (1) to adopt, where necessary, and strengthen sound national policies, legislation on safe handling and disposal of obsolete pesticides and other obsolete chemicals;
- (2) to adopt, where this has not already been done in the context of the Stockholm Convention on Persistent Organic Pollutants and other existing instruments, comprehensive national implementation plans or other strategies as the basis for taking action towards the elimination of risks from obsolete pesticides and other obsolete chemicals;
- (3) to enhance social responsibility through awareness-raising in the area of obsolete pesticides and other obsolete chemicals;
- (4) to increase support for training and capacity building;
- (5) to encourage and promote cooperation between Member States in this regard;

2. INVITES all relevant stakeholders, including Member States, regional economic integration organizations, bodies in the United Nations system and other intergovernmental organizations including regional, international and national nongovernmental organizations and foundations, waste-management companies, pesticide manufacturers, donors and the remaining international community:

- (1) to promote sound management of obsolete pesticides and other obsolete chemicals in order to minimize and, wherever possible, to avoid adverse impacts to human health and the environment;
- (2) to mobilize efforts and cooperate with other stakeholders on the implementation of national implementation plans and strategies, inter alia via local, regional and global networks;

3. REQUESTS the Director-General:

- (1) to support the development of appropriate and efficient strategies (at national, regional and international levels) to minimize the risks of obsolete pesticides and other obsolete chemicals and thus promote the relevant WHO policy goals and practices;
- (2) to enhance WHO's capacity to foster these strategies;
- (3) to facilitate implementation of the strategies on sound management of obsolete pesticides and other obsolete chemicals with a view to reducing inequities in health and securing an unpolluted living environment;

- (4) to work with UNEP, in connection with the WHO/UNEP Health Environment Linkages Initiative, as well as with UNDP, FAO, World Bank and other appropriate institutions in assisting Member States to implement their national strategies and existing guidance, for instance under Basel Convention on the Control of the Transboundary Movements of Hazardous Wastes and Their Disposal¹ and strategies for sound management of obsolete pesticides and other obsolete chemicals at the global level;
- (5) to include obsolete pesticides and other obsolete chemicals among WHO's priorities in order to reduce and prevent risks to human health and the environment from their adverse effects and to support their safe disposal worldwide;
- (6) to report to the Sixty-fourth World Health Assembly through the Executive Board on progress in implementing this resolution.

The CHAIRMAN further said that, following informal consultations between Member States since the issue of the preceding draft resolution, a revised text had been agreed upon, which read:

The Executive Board,

RECOMMENDS to the Sixty-third World Health Assembly the adoption of the following resolution:

The Sixty-third World Health Assembly,

Having considered the report on the Strategic Approach to International Chemicals Management;

Recalling resolution WHA59.15 on the Strategic Approach to International Chemicals Management;

Recognizing **the outcomes of the Second Session of the International Conference on Chemicals Management (ICCM-2) regarding the human health and, in particular, resolution II/8 which drew attention to the need** for a greater involvement of health sector, Member States² and the WHO Secretariat in the implementation of the Global Plan of Action of the Strategic Approach to International Chemicals Management³ because of the adverse effects some chemicals may have on human health, and noting that some of the global priorities for cooperative action identified within the Strategic Approach to International Chemicals Management also have to be dealt with by the health sector;

Recognizing that pesticides are designed to kill or control harmful organisms and pests, and may have adverse acute and chronic effects, and that, although they are

¹ Technical guidelines on the safe disposal of obsolete pesticides (<http://www.basel.int/meetings/sbc/workdoc/techdocs.html>);

- Updated general technical guidelines for the environmentally sound management of wastes consisting of, containing or contaminated with persistent organic pollutants,
- Technical guidelines for the environmentally sound management of wastes consisting of, containing or contaminated with 1,1,1-trichloro-2,2-bis(4-chlorophenyl)ethane (DDT),
- Technical guidelines on the environmentally sound management of wastes consisting of, containing or contaminated with the pesticides aldrin, chlordane, dieldrin, endrin, heptachlor, hexachlorobenzene (HCB), mirex or toxaphene or with HCB as an industrial chemical.

² And, where applicable, regional economic integration organizations.

³ Document WHA59/2006/REC/1, Annex 1.

regulated in most countries, they may affect populations' health and the environment, particularly when improperly used and stored, including when they are obsolete;¹

Recalling WHO's Constitution, **and recognizing the following relevant international agreements and instruments;** the Bali declaration on waste management for human health and livelihood (2008), the United Nations Conference on Environment and Development (Rio de Janeiro, Brazil, 1992), the World Summit on Sustainable Development (Johannesburg, South Africa, 2002), the adoption of the Strategic Approach to International Chemicals Management by the International Conference on Chemicals Management (Dubai, 2006), the Basel Convention on the Control of the Transboundary Movements of Hazardous Wastes and Their Disposal (1989), the Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade (2004, revised 2008), the Stockholm Convention on Persistent Organic Pollutants (Stockholm, 2004), and the Convention on the Prevention of Marine Pollution by Dumping of Wastes and Other Matter 1972 and 1996 Protocol Thereto (London 1972); **and the International Health Regulations (2005);**

Recognizing that all the above-mentioned **fora**, conventions and instruments are important global tools for the preservation and protection of human health and the environment that provide measures and guidelines to deal with certain aspects of chemicals life cycle, and that, in that sense, the closely linked Stockholm Convention on Persistent Organic Pollutants and Basel Convention on the Control of the Transboundary Movements of Hazardous Wastes and Their Disposal² foresee the development of appropriate strategies for identification of persistent organic pollutant wastes, stockpiles of persistent organic pollutants and their management;

Recognizing that hazardous waste and highly toxic pesticides fall under the global priority areas identified for cooperative action within the Strategic Approach to International Chemicals Management, and that the Health Assembly in resolution WHA59.15 on Strategic Approach to International Chemicals Management urged Member States to participate in national, regional and international efforts to implement the Strategic Approach;

Mindful of the new challenges and determinants of health and of the need for additional action in order to preserve and protect human health and the environment;

Recognizing the risks to human health and environment from obsolete pesticides and other obsolete chemicals, particularly through local and global chemical accidents and catastrophes, linked to more frequent floods, fire and other disasters, due to climate change;

Recognizing also the risks to human health and environment from obsolete pesticides and other obsolete chemicals, linked to the creation of stockpiles resulting from their regulation (such as withdrawal from the market without appropriate phase-out period) of which might further lead to spreading of improperly stored chemicals worldwide;

Recalling the fact that the exposure of humans and the environment to obsolete pesticides and other obsolete chemicals may also be due to their long-range transport;

¹ The International HCH and Pesticides Association (IHPA) estimates that total amount of obsolete pesticides is about 260 000–265 000 tonnes in central and eastern Europe and the countries of the former Union of Soviet Socialist Republics. For example, estimated amounts in 25 members of the European Union are 22 000–24 000 tonnes, south-east Europe 36 000–41 000 tonnes, the countries of the former Union of Soviet Socialist Republics 199 000 tonnes, Africa 50 000 tonnes (estimated by FAO in its Africa Stockpiles Programme), South-East Asia 6500 tonnes (FAO, first rough indication), Central and South America 30 000 tonnes (FAO, 2005).

² The fundamental aims of the Basel Convention are the control and reduction of transboundary movement of hazardous and other wastes subject to the Convention, the prevention and minimization of their generation, the environmentally sound management of such wastes and active promotion of the transfer and use of cleaner technologies.

Recognizing the threat of unsafe storage of obsolete pesticides and other obsolete chemicals, which, owing to illegal use, package deterioration, or accidents may cause localized or widespread pollution and represent a potential risk to human health and the environment;

Mindful of the clear evidence that, besides environmental benefits, economic benefits can be expected ~~derived~~ from safe and efficient recovery, reuse, recycling and disposal of obsolete pesticides and other obsolete chemicals;

Acknowledging the progress regarding obsolete pesticides made by African countries through the inter-agency Africa Stockpiles Programme with the support of the FAO, Global Environment Facility, the World Bank and other partners;

Welcoming the work of the Basel Convention on the Control of the Transboundary Movements of Hazardous Wastes and Their Disposal in developing technical guidelines on the environmentally sound disposal of wastes containing persistent organic pollutants;

Further recognizing that only a comprehensive and long-term strategy of sound management of obsolete pesticides and other obsolete chemicals can be effective,

1. URGES Member States:¹

- (1) to adopt, where necessary, and strengthen sound national policies, legislation on safe handling and disposal of obsolete pesticides and other obsolete chemicals;
- (2) to adopt, where this has not already been done in the context of the Stockholm Convention on Persistent Organic Pollutants and other existing instruments, comprehensive national implementation plans or other strategies as the basis for taking action towards the elimination of risks from obsolete pesticides and other obsolete chemicals;
- (3) to enhance social responsibility through awareness-raising in the area of obsolete pesticides and other obsolete chemicals **and chemicals with transboundary risks to human health**;
- (4) to increase support for training and capacity building; **and coordinated technical activities for implementing relevant international conventions and instruments**;
- (5) to encourage and promote cooperation between Member States in this regard;

2. INVITES all relevant stakeholders, including Member States, regional economic integration organizations, bodies in the United Nations system and other intergovernmental organizations including regional, international and national nongovernmental organizations and foundations, waste-management companies, pesticide manufacturers, donors and the remaining international community:

- (1) to promote sound management of obsolete pesticides and other obsolete chemicals in order to minimize and, wherever possible, to avoid adverse impacts to human health and the environment;
- (2) to mobilize efforts and cooperate with other stakeholders on the implementation of national implementation plans and strategies, inter alia via local, regional and global networks;
- (3) **to consider the synergies to be gained from sharing technical experience, expertise and capacity building efforts among international instruments, conventions, regulations and processes**;

¹ And, where applicable, regional economic integration organizations.

3. REQUESTS the Director-General:
- (1) to support the development of appropriate and efficient strategies (at national, regional and international levels) to minimize the risks of obsolete pesticides and other obsolete chemicals and thus promote the relevant WHO policy goals and practices;
 - (2) to enhance WHO's capacity to foster these strategies;
 - (3) to facilitate implementation of the strategies on sound management of obsolete pesticides and other obsolete chemicals with a view to reducing inequities in health and securing an unpolluted living environment;
 - (4) to work with UNEP, in connection with the WHO/UNEP Health Environment Linkages Initiative, as well as with UNDP, FAO, **the SAICM Secretariat**, World Bank and other appropriate institutions in assisting Member States to implement their national strategies and existing guidance, for instance under Basel Convention on the Control of the Transboundary Movements of Hazardous Wastes and Their Disposal¹ and strategies for sound management of obsolete pesticides and other obsolete chemicals at the global level;
 - (5) to include obsolete pesticides and other obsolete chemicals among WHO's priorities in order to reduce and prevent risks to human health and the environment from their adverse effects and to support their safe disposal worldwide;
 - (6) to ensure full support of WHO to the SAICM Secretariat activities;**
 - ~~(6)~~ (7) to report to the Sixty-fourth World Health Assembly, through the Executive Board on progress in implementing this resolution.

The associated financial and administrative implications were unchanged.

Dr SEDYANINGSIH (Indonesia), introducing the first draft resolution on improvement of health through safe and environmentally sound waste management, said that the text urged Member States to assess the health aspects of waste management in order to make it safe and environmentally sound. The draft resolution also urged Member States to work with various bodies, including WHO, towards achieving the shared objective of improving health by such means. It, too, had been revised after informal consultations between Member States, and the revised text read:

The Executive Board,
Having considered the report on the Strategic Approach to International Chemicals Management,²

Having also considered the letter of President of the Ninth Meeting of the Conference of the Parties to the Basel Convention on the Control of Transboundary Movement of Hazardous Wastes and their Disposal to the Director-General of WHO,

¹ Technical guidelines on the safe disposal of obsolete pesticides
(<http://www.basel.int/meetings/sbc/workdoc/techdocs.html>):

- Updated general technical guidelines for the environmentally sound management of wastes consisting of, containing or contaminated with persistent organic pollutants,
- Technical guidelines for the environmentally sound management of wastes consisting of, containing or contaminated with 1,1,1-trichloro-2,2-bis(4-chlorophenyl)ethane (DDT),
- Technical guidelines on the environmentally sound management of wastes consisting of, containing or contaminated with the pesticides aldrin, chlordane, dieldrin, endrin, heptachlor, hexachlorobenzene (HCB), mirex or toxaphene or with HCB as an industrial chemical.

² Document EB126/20.

RECOMMENDS to the Sixty-third World Health Assembly the adoption of the following resolution:

The Sixty-third World Health Assembly,

Having considered the report on the Strategic Approach to International Chemicals Management;

Recalling resolution WHA61.19 on climate change and health, and resolutions WHA59.15, WHA50.13, WHA45.32, WHA31.28 and WHA30.47 relating to chemical safety;

Recalling also resolutions of the United Nations General Assembly 44/226 of 22 December 1989 on traffic in and disposal, control and transboundary movements of toxic and dangerous products and wastes and 43/212 of 20 December 1988 on the responsibility of States for the protection of the environment;

Noting the principles set out in Agenda 21, including chapter 20 and chapter 21, as agreed upon at the United Nations Conference on Environment and Development in 1992;

Noting also the Johannesburg Declaration on Sustainable Development and the related Plan of Implementation of the World Summit on Sustainable Development in 2002;

Acknowledging decision 25/8 on Waste Management adopted by the Governing Council/Global Ministerial Environment Forum of the United Nations Environment Programme at its 25th session;

Mindful of the outcomes of the second session of the International Conference on Chemicals Management which relate to human health;

~~Alarmed that globally economic activities are generating in increasing volumes wastes containing hazardous chemicals in various forms, threatening human health and livelihood;~~

Aware that wastes, if not properly managed, in a safe and environmentally sound manner, may have serious consequences for human health and livelihood;

Convinced that the lack of environmentally sound management of waste will harm the environment and be detrimental to human health, through polluted air, water and land and food chain;

Concerned that poor management of health-care waste, including sharps, non-sharp materials, blood, body parts, chemicals, pharmaceuticals, and medical devices puts health-care workers, waste handlers and the community at risk of infections, toxic effects and injuries;

Welcoming the Bali Declaration on Waste Management for Human Health and Livelihood adopted at the ninth meeting of the Conference of the Parties to the Basel Convention on the Control of Transboundary Movement of Hazardous Wastes and their Disposal in 2008,

1. URGES Member States¹ to assess the health aspects of **waste management in order to make it safe and** environmentally sound ~~waste management~~ and to explore options to work more closely with the United Nations Environment Programme, **the Strategic Approach to International Chemicals Management**, the Basel Convention on the Control of Transboundary Movement of Hazardous Wastes and their Disposal and the WHO Secretariat towards achieving their shared objectives on the improvement of health through safe and environmentally sound waste management;

¹ And regional integration organizations where applicable.

2. REQUESTS the Director-General:
 - (1) to support the implementation of the actions set out in the Bali Declaration on Waste Management for Human Health and Livelihood, within WHO's mandate and available resources;
 - (2) to work together with the United Nations Environment Programme and the secretariat of the Basel Convention on the Control of Transboundary Movement of Hazardous Wastes and their Disposal on environmentally sound waste management, including ~~encouraging~~ **collaborating with** governments and donor organizations to ~~provide new and additional resources for~~ **strengthen** the implementation of the Bali Declaration on Waste Management for Human Health and Livelihood, with the aim in particular of:
 - (a) promoting awareness-raising of the link between waste management, health and livelihood, and the environment;
 - (b) strengthening subregional and regional cooperation on waste and health issues by promoting national, regional and international human and appropriate technical capacities;
 - (c) improving controls on waste shipment and border procedures in order to prevent illegal movements of hazardous and other wastes, through means that include capacity building, technology transfer and technical assistance;
 - (d) improving cooperation between national authorities in the waste, chemicals and health sectors and, in collaboration with other relevant authorities and stakeholders, in the development and implementation of effective and sound waste management systems;
 - (e) increasing capacity building, promoting and, where possible, enhancing public and private investment for the transfer and use of appropriate technology for the safe and environmentally sound waste management;
 - (3) to continue supporting the prevention of health risks associated with exposure to health-care waste and promoting environmentally sound management of health-care waste in order to support the work of the Basel Convention on the Control of Transboundary Movement of Hazardous Wastes and their Disposal and the Stockholm Convention on Persistent Organic Pollutants;
 - (4) to explore the development of strategies aimed at minimizing the generation of health-care waste;**
 - ~~(4)~~ **(5)** to invite governments, relevant intergovernmental **and regional economic integration** organizations, members of the industry and business sector to provide resources and technical assistance to developing countries in developing and implementing instruments ~~for use in dealing with health aspects of the~~ **to improve health through safe and** environmentally sound waste management;
 - ~~(5)~~ **(6)** to report to the Sixty-fourth World Health Assembly, through the Executive Board, on implementation of this resolution.

She added that much synergy was to be gained from moving forward on several fronts simultaneously; Indonesia was therefore also sponsoring the revised version of the draft resolution on sound management of obsolete pesticides.

Dr STARODUBOV (Russian Federation) expressed general support for the report on sound management of chemicals, including hazardous waste, for the protection of human health. His country's control of potentially hazardous and chemical substances was reasonably effective and international approaches to the management of chemical contamination were also being applied. Nevertheless, hundreds of chemical substances and their compounds that had long been in use would threaten human health and the environment if improperly handled. The International Conference on Chemicals Management at its second session (Geneva, 11–15 May 2009) had pointed to new

emerging risks. Referring specifically to factors that did not necessarily reflect the most pressing problems for some countries and regions reduced the value of the text. He would therefore be submitting some amendments to the Secretariat. He was willing, however, to support the draft resolution put forward by the member for Indonesia.

Mr CHAUDHRY (alternate to Ms Sujatha Rao, India) said that the substantial presence of chemical industries in developing countries, which was in many cases detrimental to health, would increase further. In his country, the Bhopal tragedy in 1984 was still affecting the lives of thousands and was a grim reminder of disasters waiting to happen. Coordination on chemicals management at the international, national and local levels was lacking in spite of intersectoral efforts. Preparedness and response to chemical emergencies on the part of the health sector clearly needed more robust mechanisms in order to mitigate the health impact of chemical emergencies. WHO should take the lead in developing practical and affordable models for managing the medical aspects of chemical disasters. With regard to the draft resolution proposed by Hungary, he asked how the term “obsolete” was to be construed in the context of pesticides and chemicals.

Dr BIRINTANYA (Burundi), speaking on behalf of the Member States of the African Region, said that the worldwide output of chemical products was increasing. Regrettably, many chemicals entered the market each year in Africa without adequate quality controls, thereby endangering human health. The chemical emergencies in the Region referred to in the report were among many, often undocumented, cases of exposure. A policy framework should be established to ensure that chemicals were produced and used in such a way as to minimize the adverse effects on human health and the environment. After the second African regional meeting on the Strategic Approach to International Chemicals Management (Dar es Salaam, United Republic of Tanzania, 14–19 July 2008), some countries had requested funding from the Strategic Approach to International Chemicals Management secretariat for implementing the Libreville Declaration on Health and Environment in Africa (August 2008). He also recalled that the elimination of lead from paint had been included among resolutions adopted at the second session of the International Conference on Chemicals Management (Geneva, 11–15 May 2009). The rational management of chemical products in Africa was hindered by a shortage of technical and human capacity, poor or insufficient information regarding the health effects of chemicals, and inadequate legislation on sales of products with suspected health risks. Strengthened capacities and mobilization of resources would be needed in order to achieve the deadline in 2020. He, too, requested clarification of the term “obsolete pesticides”.

Dr KHYYAM (adviser to Professor Haque, Bangladesh) said that sound chemical management was important given the projected growth in the production and use of chemicals. The existing divide between policy and practice at the national and international levels needed urgent action. The negative health impacts arising from exposure to hazardous chemicals could be mitigated through cooperation with other sectors, including transport, agriculture and industry. He supported the draft resolution on improved health through safe and environmentally sound waste management. He also supported in principle the draft resolution on improvement of health through sound management of obsolete pesticides and other obsolete chemicals, which might be amended as follows: the third line of the ninth preambular paragraph should be deleted and the end of the paragraph should read “and global chemical accidents and disasters”; the end of the tenth preambular paragraph should be modified to read “phase-out period), which might further lead to spreading of improperly stored chemicals”. In paragraph 1(3), the word “potential” should be inserted before “transboundary risks”, and the phrase “and to support their safe disposal worldwide” should be deleted from the end of paragraph 3(5).

Mr JUCA PINHEIRO DE VASCONCELLOS (adviser to Dr Buss, Brazil) recalled that the Strategic Approach to International Chemicals Management had been developed in 2006 to achieve the goal agreed at the World Summit on Sustainable Development (Johannesburg, South Africa, 2002) of ensuring that by 2020 chemicals were produced and used in ways that led to the minimization of significant adverse effects on human health and the environment. The provision of such a policy

framework to foster the safe management of chemicals required sufficient and predictable financial and technical resources. WHO's Secretariat should continue to support the Strategic Approach, not only by providing a staff member to the Strategic Approach secretariat, but also by making full use of its capabilities and resources.

He commended the draft resolution on the improvement of health through safe and environmentally sound waste management. The Secretariat would help to improve human health, particularly among the poor and vulnerable, by working closely with the Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal and by supporting the actions set out in the Bali Declaration on Waste Management for Human Health and Livelihood.

Dr KÖKÉNY (Hungary), speaking on behalf of the Member States of the European Union, said that the candidate countries Turkey, Croatia and The former Yugoslav Republic of Macedonia, the countries of the Stabilisation and Association Process and potential candidates, Albania, Bosnia and Herzegovina, Montenegro, Serbia, as well as Ukraine, the Republic of Moldova and Armenia associated themselves with his statement. The time had come to evaluate the actions taken in the four years since adoption of the Strategic Approach to International Chemicals Management. It was appropriate for WHO to enhance its commitment to the Strategic Approach and put further emphasis on the actions listed in paragraph 12 of the report. The European Union looked forward to the implementation, in cooperation with other global actors, of the global plan of action designed to give effect to the Strategic Approach, particularly in the light of emerging policy issues such as nanotechnology and manufactured nanomaterials. Special attention should be given to the financing of the Strategic Approach, to synergies with relevant international instruments, and on how to strengthen WHO's already commendable work with the Strategic Approach.

Obsolete chemicals were one of the consequences of the growing and evolving production of chemicals. The European Union was concerned by obsolete pesticides that were left unprotected in nature and had an impact on the health of local populations and the environment. That problem had first been identified as a serious issue in eastern Europe in the 1990s, and several chemical emergencies caused by obsolete chemicals and toxic waste had occurred recently, most notably in Africa. The European Union had therefore proposed a draft resolution on improvement of health through sound management of obsolete pesticides and other obsolete chemicals. It aimed to bring together the efforts of all relevant stakeholders involved in the lifecycle of chemicals in order to avoid or minimize any adverse impact on human health and the environment.

The European Union supported the highly relevant draft resolution on improvement of health through safe and environmentally sound waste management proposed by Indonesia. The footnote to which paragraph 1 referred should read "And, where applicable, regional economic integration organizations".

Mr ALVAREZ (alternate to Dr Muñoz, Chile), expressing support for both draft resolutions, said that Chile had contributed to the texts. Referring to the report, he drew attention to the outcomes of the second session of the International Conference on Chemicals Management (Geneva, 11–15 May 2009). In response to the member for India, he said that the meaning of "obsolete pesticides" was defined in the Basel Convention's Technical guidelines on the safe disposal of obsolete pesticides, to which the footnote in paragraph 3(4) of the corresponding draft resolution referred. The text under consideration was a broad policy statement, not a specific regulatory instrument. It was not within the Board's competence to decide which pesticides should be considered obsolete.

Dr MOHAMED (Oman), speaking on behalf of the Member States of the Eastern Mediterranean Region, said that chemical products should be used and managed so as not to have a harmful effect on human health and the environment. The Secretariat could provide support in that regard within the framework of the Strategic Approach, and he supported the two draft resolutions.

Dr TAKEI (adviser to Dr Omi, Japan) said that chemicals management based on risk assessment and risk management was essential to protect human health. He highlighted the need for intersectoral collaboration, in particular between the agricultural, industrial and transportation sectors. In 2009, Japan had begun an occupational health project in collaboration with the Regional Office for the Western Pacific and the ILO Regional Office for Asia and the Pacific, which aimed to improve health in the working environment and included chemicals management and asbestos control. Japan trusted that the Secretariat would facilitate continued cooperation on chemicals management for health, and supported both draft resolutions before the Board.

Dr GIMÉNEZ (Paraguay) said that the sound management of pesticides in use and of obsolete pesticides was paramount for protecting populations from the dangers of exposure. Incidents in Paraguay over the previous decade and related to pesticide management indicated the need for appropriate technical instruments and firmer legislation. As lobby groups sought to undermine the authority of health ministries by conducting media campaigns, exploiting legal loopholes and exerting pressure on officials, the Secretariat should provide support to countries such as his own in strengthening the authority of the health sector.

Mr CHAUDHRY (adviser to Ms Sujatha Rao, India), thanking the member for Chile for his comments, stressed that India was not opposed to the proposed draft resolution on sound management of obsolete pesticides. In the interests of transparency, it would be preferable to include a definition of the term “obsolete pesticides” in the text of the draft resolution.

Ms BILLINGS (alternate to Dr Dodds, Canada) said that the health sector had a unique role to play in the sound management of chemicals. She supported the two draft resolutions. With regard to the amendment suggested by the member for Bangladesh to paragraph 3(5) of the draft resolution on sound management of obsolete pesticides, she could only accept deletion of the term “worldwide”, not of the phrase “to support their safe disposal”.

Dr SADRIZADEH (Islamic Republic of Iran),¹ referring to the draft resolution on the sound management of obsolete pesticides, proposed the insertion of a reference to the International Code of Conduct on the Distribution and Use of Pesticides, which had been adopted by the FAO Council at its Hundred and Twenty-third Session in November 2002. He also proposed an insertion recommending that Member States strengthen capacities for regulating pesticides and other chemicals; that would ensure sound management throughout their life-cycle as a preventive measure to avoid accumulation of obsolete chemicals. A further insertion should recommend the Director-General’s continued support for FAO and WHO joint efforts in that respect.

Dr SOPIDA CHAVANICHKUL (Thailand),¹ emphasizing intersectoral cooperation for sound management of chemicals and protection of human health, said that in Thailand the formulation of national policy on chemicals management had involved all stakeholders, including the Government, civil society and academia.

In regard to the draft resolution on sound waste management, the activities described under subparagraphs 2(2)(c)–(e) did not fall within WHO’s mandate; those activities should be undertaken by Member States, and the subparagraphs should be moved to paragraph 1.

Mrs MUKHANOVA (Kazakhstan),¹ referring to the report, said that a global campaign to eliminate diseases caused by asbestos was needed; however, a distinction should be drawn in paragraph 3 between the different types of asbestos and substances containing asbestos. She noted that amphibole asbestos was listed in the Rotterdam Convention on the Prior Informed Consent Procedure

¹ Participating by virtue of Rule 3 of the Rules Procedure of the Executive Board.

for Certain Hazardous Chemicals and Pesticides in International Trade whereas chrysotile asbestos was not; she supported the controlled use of chrysotile asbestos and objected to the proposal that all types of asbestos should be banned. It was therefore appropriate from a socioeconomic point of view for Kazakhstan to continue developing its mining industry, carefully controlling the use of chrysotile asbestos and products manufactured from it; measures had been introduced to protect the health of workers in that industry. She expressed support for the draft resolution on sound waste management.

Ms BULLINGER (Switzerland),¹ commenting that the two draft resolutions proposed were complementary, said that Switzerland wished to cosponsor the draft resolution on sound waste management.

Mr SCHOISWOHL (United Nations Environment Programme), speaking at the invitation of the Chairman and acknowledging the attention accorded by WHO to the Strategic Approach to International Chemicals Management, said that commitment by all relevant intergovernmental organizations was a key feature of the Strategic Approach and essential to the achievement of its goals. The International Conference on Chemicals Management at its second session (Geneva, 11–15 May 2009) had invited the Health Assembly to consider endorsing the outcomes regarding human health, and invited WHO to intensify activities in the area of sound management of chemicals, which was critical to strengthening regional and national capacities and establishing information networks. Implementation of the outcomes of the second session was already under way, with vital contributions from WHO, national health ministries and nongovernmental organizations from the health sector, on a specific strategy to strengthen the involvement of the health sector in the Strategic Approach, which would be adopted at the third session of the International Conference in 2012. The Conference at its second session had decided on action to be taken regarding emerging policy issues. Further consideration of chemicals management at the forthcoming Health Assembly would provide an important opportunity for Member States to express their views on implementation of the Strategic Approach.

Dr MOHAMED (Oman) and Mr ALVAREZ (alternate to Dr Muñoz, Chile) supported the amendments proposed by the representative of Iran.

Dr NEIRA (Protection of the Human Environment) said that she had taken note of comments made, especially with regard to such areas as WHO's role in contributing to the Strategic Approach, coordination between the relevant agencies and sectors, and creating links between health and environmental issues. She acknowledged the need to work with UNEP to provide a clear definition of obsolete pesticides in accordance with existing conventions. With respect to asbestos, in May 2009 IARC had re-evaluated all forms of asbestos, including chrysotile asbestos, and concluded that they were all carcinogenic to humans, causing mesothelioma and cancer of the lung and larynx. With respect to the point raised by the representative of Thailand regarding subparagraphs 2(2)(c)–(e) of the draft resolution on sound waste management, she pointed out that paragraph 2(2) simply requested the Director-General to collaborate with other organizations to strengthen implementation of the Bali Declaration on Waste Management for Human Health and Livelihood. The aims of that collaboration, as set out in those subparagraphs, did not go beyond WHO's mandate.

Dr VIROJ TANGCHAROENSATHIEN (Thailand)¹ said that paragraph 1 of the draft resolution on sound waste management was poorly drafted since it urged Member States only to assess the health aspects of waste management, whereas there were many other dimensions of implementation of the Basel Convention that required huge national efforts. The actions described under subparagraphs 2(2)(c)–(e) should be undertaken by Member States.

¹ Participating by virtue of Rule 3 of the Rules Procedure of the Executive Board.

Dr STARODUBOV (Russian Federation) asked that the amendments to the report that he had submitted in writing with respect to asbestos be incorporated in the report.

Mr PRASAD (adviser to Ms Sujatha Rao, India) repeated his request for the insertion of a definition of obsolete chemicals and pesticides in the body of the draft resolution on sound management of obsolete pesticides.

Mr ALVAREZ (alternate to Dr Muñoz, Chile) said that Chile, having sponsored the draft resolution on the sound management of obsolete pesticides, would propose a way of incorporating the amendments suggested by the members for Bangladesh and India.

The DIRECTOR-GENERAL, noting that the draft resolution on sound waste management had been prepared by Member States and not the Secretariat, asked whether the representative of Thailand was proposing to include the information contained in subparagraphs 2(2)(c)–(e) in paragraph 1, in which case a Board member would have to support the proposal.

Dr VIROJ TANGCHAROENSATHIEN (Thailand)¹ confirmed that that had been his intention but said that he was not making a formal proposal. Given the importance of the subject, he simply asked Board members to take note of his concerns that paragraph 1 was not asking Member States to do enough.

Dr SEDYANINGSIH (Indonesia) pointed out that paragraph 1 should be read in its entirety. Member States were being asked not only to assess the health aspects of waste management but also to explore options for further cooperation to achieve their shared objectives in that respect. She suggested that it was not worth entering into a debate on that point.

Dr YOUNES (Office of Governing Bodies) read out the proposed amendment to the draft resolution on waste management: the insertion of the word “economic” between the words “regional” and “integration” in the footnote to paragraph 1.

The resolution on improvement of health through safe and environmentally sound waste management, as amended, was adopted.²

The CHAIRMAN asked the Board to consider the draft resolution on improvement of health through sound management of obsolete pesticides and other obsolete chemicals.

Dr YOUNES (Office of Governing Bodies) read out the proposed amendments to the draft resolution. In the ninth preambular paragraph, the words “catastrophes, linked to more frequent floods, fire and other disasters, due to climate change” should be replaced with “disasters”; in the tenth preambular paragraph, the word “of” should be deleted and a comma should be added after the words “phase-out period”; in paragraph 1(3), the word “potential” should be inserted between “with” and “transboundary”; a new subparagraph 1(6) should be added, to read “to establish/strengthen capacity for the regulation of pesticides and other chemicals for their sound management throughout their life-cycle as a preventive measure to avoid an accumulation of obsolete chemicals”; in subparagraph 3(5), the word “worldwide” should be deleted; and a new subparagraph 3(7) should be added, to read “to support ongoing FAO and WHO joint efforts in capacity building of Member States in sound management of pesticides”.

¹ Participating by virtue of Rule 3 of the Rules Procedure of the Executive Board.

² Resolution EB126.R12.

The CHAIRMAN recalled the request by the member for India for a definition of obsolete chemicals and pesticides to be included in the draft resolution.

Dr YOUNES (Office of Governing Bodies) said that a definition would be included as a footnote to the title, based on the definition provided in the Basel Convention.

Mr ALVAREZ (alternate to Dr Muñoz, Chile) proposed that in subparagraph 3(4), the words “and SAICM” should be inserted after “to work with UNEP” and the words “the SAICM secretariat” should be deleted, since the Director-General would be working with the institutions and Member States themselves and not the Strategic Approach secretariat.

Dr YOUNES (Office of Governing Bodies) pointed out that subparagraph 3(4) was in fact correct as it stood since the Strategic Approach secretariat was part of the United Nations Environment Programme whereas the Strategic Approach was composed of the Member States.

The resolution on improvement of health through sound management of obsolete pesticides and other obsolete chemicals, as amended, was adopted.¹

The meeting rose at 17:35.

¹ Resolution EB126.R13.